

JUL 18 1988

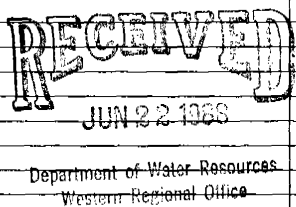
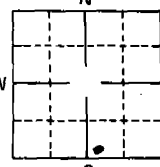
STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

JUN 14 1988

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

Department of Water Resources

Department of Water Resources 1. WELL OWNER				Department of Water Resources 7. WATER LEVEL																																																													
Name <u>State of Idaho</u>				Static water level <u>116.5</u> feet below land surface.																																																													
Address _____				Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____																																																													
Owner's Permit No. <u>61-88-Z-027</u>				Artesian closed-in pressure _____ p.s.i.																																																													
				Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug																																																													
				Temperature _____ °F. Quality _____																																																													
				<i>Describe artesian or temperature zones below.</i>																																																													
2. NATURE OF WORK				8. WELL TEST DATA																																																													
<input type="checkbox"/> New well <input checked="" type="checkbox"/> Deepened <input type="checkbox"/> Replacement <input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)				<input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____																																																													
				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">Discharge G.P.M.</th> <th style="width: 33%;">Pumping Level</th> <th style="width: 33%;">Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Discharge G.P.M.	Pumping Level	Hours Pumped																																																							
Discharge G.P.M.	Pumping Level	Hours Pumped																																																															
3. PROPOSED USE				9. LITHOLOGIC LOG																																																													
<input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection <input type="checkbox"/> Other _____ (specify type)				<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>6"</td> <td>195</td> <td>200</td> <td>Gray lava</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>200</td> <td>205</td> <td>Brown cinders</td> <td>X</td> <td> </td> </tr> <tr> <td> </td> <td>205</td> <td>228</td> <td>Gray lava</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>228</td> <td>240</td> <td>gray cinders + talc</td> <td>X</td> <td> </td> </tr> <tr> <td> </td> <td>240</td> <td>250</td> <td>Brown cinders</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>250</td> <td>278</td> <td>Gray lava</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>278</td> <td>300</td> <td>Red cinders</td> <td>X</td> <td> </td> </tr> <tr> <td> </td> <td>300</td> <td>425</td> <td>Last return / Gray lava</td> <td>X</td> <td> </td> </tr> </tbody> </table>				Bore Diam.	Depth		Material	Water		From	To	Yes	No	6"	195	200	Gray lava				200	205	Brown cinders	X			205	228	Gray lava				228	240	gray cinders + talc	X			240	250	Brown cinders				250	278	Gray lava				278	300	Red cinders	X			300	425	Last return / Gray lava	X	
Bore Diam.	Depth		Material	Water																																																													
	From	To		Yes	No																																																												
6"	195	200	Gray lava																																																														
	200	205	Brown cinders	X																																																													
	205	228	Gray lava																																																														
	228	240	gray cinders + talc	X																																																													
	240	250	Brown cinders																																																														
	250	278	Gray lava																																																														
	278	300	Red cinders	X																																																													
	300	425	Last return / Gray lava	X																																																													
4. METHOD DRILLED																																																																	
<input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____																																																																	
5. WELL CONSTRUCTION																																																																	
Casing schedule: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____ <table style="width: 100%;"> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </table> <p>Was casing drive shoe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch Size of perforation _____ inches by _____ inches</p> <table style="width: 100%;"> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth _____ Material used in seal: <input type="checkbox"/> Cement grout <input type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____ Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing <input type="checkbox"/> Overbore to seal depth Method of joining casing: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld <input type="checkbox"/> Cemented between strata</p> <p>Describe access port _____</p>								Thickness	Diameter	From	To	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet																										
Thickness	Diameter	From	To																																																														
_____ inches	_____ inches	_____ feet	_____ feet																																																														
_____ inches	_____ inches	_____ feet	_____ feet																																																														
_____ inches	_____ inches	_____ feet	_____ feet																																																														
_____ inches	_____ inches	_____ feet	_____ feet																																																														
Number	From	To																																																															
_____ perforations	_____ feet	_____ feet																																																															
_____ perforations	_____ feet	_____ feet																																																															
_____ perforations	_____ feet	_____ feet																																																															
6. LOCATION OF WELL																																																																	
Sketch map location must agree with written location. <div style="display: flex; align-items: center;"> <div style="flex: 1;">  </div> <div style="flex: 1;"> Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Elmore</u> <u>SW ¼ SE ¼ Sec. 9 T. 3 N/S. R. 6 E/W.</u> </div> </div>																																																																	
10. Work started <u>May 31, 1988</u> finished <u>June 1, 1988</u>				11. DRILLERS CERTIFICATION																																																													
				I/We certify that all minimum well construction standards were complied with at the time the rig was removed.																																																													
				Firm Name <u>Niddlston's</u> Firm No. <u>35</u>																																																													
				Address <u>Mt. Home, Id.</u> Date <u>June 1, 1988</u>																																																													
				Signed by (Firm Official) <u>Mark S. Niddlston</u>																																																													
				and (Operator) <u>Mark S. Niddlston</u>																																																													

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT